

SERFF Tracking Number: BSUM-125509130 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: #7127 \$50
Company Tracking Number: GDIC-TRIPRA-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Terrorism Disclosure Notices - TRIPRA/GDIC-TRIPRA-01

Filing at a Glance

Company: Great Divide Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: BSUM-125509130 State: Arkansas

SERFF Status: Pending Industry Response
State Tr Num: #7127 \$50

Co Tr Num: GDIC-TRIPRA-01

Co Status:

Author: Gloria Ivey

Date Submitted: 03/04/2008

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 03/17/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Terrorism Disclosure Notices - TRIPRA

Project Number: GDIC-TRIPRA-01

Reference Organization:

Reference Title:

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Great Divide Insurance Company I am submitting an informational filing for a new Terrorism Disclosure notice for attachment to all Workers Compensation Quotes.

Berkley Specialty Underwriting Managers LLC is a wholly owned subsidiary of Great Divide Insurance Company.

This disclosure form will attach to all WC quotes effective 12/26/07 and subsequent.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

(This filing was made by a third party - berkleyspecialtyunderwritingmgrs)

Gloria Ivey, Regulatory & Product Mgmt givey@berkleysum.com
Specialist

122 W Carpenter Freeway (972) 819-8949 [Phone]
Irving, TX 75039 (972) 819-8975[FAX]

Filing Company Information

Great Divide Insurance Company CoCode: 25224 State of Domicile: North Dakota
122 W. Carpenter Freeway Group Code: 98 Company Type: Commercial

Suite 300
Irving, TX 75039 Group Name: W R Berkley State ID Number:
Corporation

(972) 819-8949 ext. [Phone] FEIN Number: 45-0397186

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	03/17/2008	03/17/2008			
Pending Industry Response	Carol Stiffler	03/04/2008	03/04/2008	Gloria Ivey	03/11/2008	03/11/2008

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Disposition

Disposition Date: 03/17/2008

Effective Date (New): 03/17/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2008
Submitted Date 03/17/2008
Respond By Date

Dear Gloria Ivey,

As I closed the filing I realized that you sent the form as a .doc instead of the required PDF. Please add the pdf to the filing so I can close it.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/04/2008

Submitted Date 03/04/2008

Respond By Date

Dear Gloria Ivey,

This will acknowledge receipt of the captioned filing.

Under the Filing Fees tab, it doesn't appear that any filing fee was sent. The fee for a form filing is \$50. I can approve this filing contingent on receiving the filing fee once you acknowledge that a fee is being sent.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/11/2008

Submitted Date 03/11/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Ms. Stiffler, I am very sorry for the delay in responding to your request. I have received confirmation that we are submitting check # 7127 in payment of the required filing fee.

Thank you for your patience.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Gloria Ivey

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice of Terrorism	TRIPRA 03	08	Disclosure/ New Notice		0.00	Exhibit C - TRIPRA 03 (08).doc

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act as amended, (the "Act"), is included in the quote for your _____ NEW or _____ RENEWAL policy. You are hereby notified that under the Act the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism as defined in the Act, is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: _____

Policy Number: _____

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	03/17/2008
Bypass Reason:	Informational Filing of Terrorism Disclosure Notice		
Comments:			